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St. Bartholomew's Hospital Journal,

JUNE, 1901.

"Æquam memento rebus in arduis
Servare mentem."—Horace, Book ii, Ode iii.

An Introductory Lecture on Ophthalmic Medicine and Surgery.

*Delivered on May 6th, 1901. By W. H. H. JESSOP,
M.B., F.R.C.S.*

(Concluded from p. 115.)

I WISH now to bring before your notice a few of the most important points in connection with ophthalmic note-taking.

First and foremost is the vision. This must be taken for each eye separately, and always for distance. The estimation for near vision is not so important, and in many

cases unnecessary. Such a record for distance is absolutely essential if obtainable, not only for the present condition, but in order to have the original vision for reference at a future time. You would be surprised if you knew how many cases one sees, even in well-educated people, armed with the statement that the vision of one eye has suddenly failed, and that the patient is sure he could always see well with that eye. One of the most striking I have seen was that of a barrister who, worried by waiting in a court, involuntarily closed first one eye and then the other, and so found he could not see with the left eye at a distance. Fully convinced he was going blind in that eye, he took the first cab and sought advice. He was thirty-five years of age, and had always been short-sighted with the left eye. The vision in that eye was $\frac{6}{30}$ — 4 D. $\frac{6}{6}$, whereas it was normal in the right eye. One seldom comes across such a case in the male, as most men shoot, and would have found out the difference much earlier in life.

I need hardly remind you of the importance of the present and past history of the patient being accurately taken as to any ocular trouble and refraction errors, and chiefly with regard to the ocular symptoms or signs complained of. Remember that, as so many ophthalmic cases are refraction errors, it is very important to ask if glasses have been worn or not. In note-taking a negative fact recorded is often as important as a positive one. It is necessary to have a definite plan in your mind whilst considering a case; and I think the best is to take the structures in order from the superficial to the deep.

First make a general observation of the patient's eyes, and include in this survey the expression. Next look at the lids, and the action of the extrinsic ocular muscles. Then in most cases more carefully examine in each eye the conjunctiva, especially as to any changes in the conjunctival or subconjunctival vessels, the cornea, anterior chamber, iris, pupil, and lens. These may all be examined by daylight with or without focal illumination. The other and deeper structures must be looked at later by the ophthalmoscope.

In many cases the intra-ocular tension ought to be estimated by palpating the eyeball through the upper lids by means of the two index fingers, as if feeling for fluctuation in a fluid tumour or abscess. You ought never to lose a chance of trying tension, as it is only by continuous practice that your fingers will become educated to discriminate normal tension and the pathological changes of increased or diminished tension.

The two points in note-taking I am desirous of specially considering to-day are vision-testing and the examination of the pupils.

The method of examining for distant vision is to hang the test-types on a wall in a good light, and to place the patient with his back to the light at a distance of six metres from the types. The type must not be too high, and it is convenient to arrange it so that about the fourth line is on a level with the patient's eyes. Each eye must be examined separately, and the eye not being tested should be covered by a card or by an opaque disc in a spectacle frame.

It is necessary to have several sets of test-types, or to make the patient pick out separate letters in the lines. I have known a child read the letters through twice, and then repeat them by heart for the examination of the second eye.

The test-types I show you are the ones as a rule used, and were constructed by Snellen. He found that the most suitable objects for measuring the visual acuity were sets of three parallel lines with interspaces corresponding in thickness to the lines, and the letters are built up in squares corresponding to these lines.

These letters are so constructed that a letter is seen under an angle of five minutes, and each part of a letter (you will notice the letters are built up in small squares) would subtend an angle of one minute. This angle is taken because it corresponds to the smallest retinal image which can be perceived at the macula. You can understand this by remembering that two stars separated by an angular interval of less than one minute would be perceived as one star.

The letters ought not to make words, or to be in sequence, and I think figures should be mixed with the letters.

If you examine these test-types you will find that above each line is a number denoting the distance in metres at which each letter in it would be seen under the visual angle of five minutes. The largest letter, marked 60, would be measured, and should be seen at 60 metres under this angle; the next is 36, and the others in order, 24, 18, 12, 9, 6. This last line, 6, is the usual standard, as six metres is a convenient distance at which the vision should be estimated. Till the metric system in ophthalmology became more general in England the standard distance was 20 ft. The formula for vision (V.) is represented by a vulgar fraction, of which the numerator is the distance at which the types are read, and the denominator the number given

to the letters read, that is the distance at which each is seen under the standard angle of five minutes. Thus $V = \frac{6}{24}$ means that the letters of the third line are seen at six metres distance. $V = \frac{3}{6}$ in the same way denotes that the biggest letter is seen at three metres distance. In most test-types now an extra or eighth line is added, and called 5; thus, most emmetropes and many hypermetropes can see $\frac{5}{5}$, therefore Landolt has brought out types with even smaller letters, so that a vision of $\frac{4}{5}$ can be measured.

If the person examined is illiterate, test-types with dots may be used, or Landolt's types composed of a broken circle forming a C, the circles being arranged so that the hiatus is in different positions, and the patient is asked to denote the position of the gap.

Supposing the patient cannot see the biggest letter at six metres, that is P, the vision is less than $\frac{6}{60}$; he is then told to approach the test-types, and to stop directly he can see this letter. This distance is then measured, and according to it the vision becomes $\frac{5}{60}$, $\frac{4}{60}$, $\frac{3}{60}$, $\frac{2}{60}$, $\frac{1}{60}$, or less than $\frac{1}{60}$. If he fails to read $\frac{1}{60}$, the greatest distance at which he can count figures is measured, and the vision is denoted as "counts fingers" at so many metres or centimetres.

It must be remembered that if fingers are held in front of a blackboard the normal eye can perceive them at about 60 metres distance. Movements of the hand can, of course, be more readily perceived than counting figures, and form the next test in the descending scale.

If unable to see large objects, light is thrown into the eye by focal illumination or by the ophthalmoscopic mirror, and the patient is found to have perception of light, or no perception of light, denoted by $V=p.l.$, or no p.l. If he has only perception of light he should be tried for projection. This is done by throwing reflected light by means of the ophthalmoscopic mirror on the fundus from above, below, either side, and in front. If the patient recognises the light well, and points to the direction from which the light is coming, the retina is equally light percipient and the projection is said to be good. If, on the contrary, the light is not perceived, or perceived badly from one direction, the projection of light is bad, and there is then some disease or change in the retina or optic nerve. This is an excessively important test in cataract cases, when the vision is reduced to perception of light, and no fundus details can be seen by the ophthalmoscope.

For the examination of near vision test-types arranged after Snellen's method are used. The patient should be seated with his back to the light, and each eye tried separately. He should be directed to read the smallest type he can at the most convenient distance to himself. As I said before, this test is not so essential or reliable as that for distant vision, as the accommodation mechanism comes into play. It is chiefly useful in myopia, and in cases where fundus changes are present. A patient seeing less

than $\frac{6}{60}$, and, at the same time '5 type at close distance, is almost certainly a myope; but if with this same distant vision he cannot see the large-size type, he has probably some pathological changes in the media or fundus of the eye.

The other point in note-taking I want to impress on you is connected with the condition and action of the pupils. I show you here a pupillometer or instrument to measure the size of the pupil, made from an oblong piece of German silver, with semicircular indentations varying from 1 to 10 millimetres, and you can easily measure the size of the pupil by holding the pupillometer to the temporal side of the eye to be estimated. Other pupillometers are arranged as circles, varying from 1 to 10 mm., generally painted black on an ivory ground.

The pupil in a healthy condition should be about 4 mm. in diameter, circular, regular, and its centre slightly to the nasal side of the centre of the cornea. This excentric position ought to be so slight as to be imperceptible to ordinary observation. The pupils should be equal to one another, though slight differences are met with in normal eyes. A very important point is that each pupil should vary equally with the other under different degrees of illumination. The chief movements of the pupils are associated with contraction and dilatation, and these alterations in size are called contraction and dilatation reflexes.

The important reflexes, except in special cases, are those obtained by light and accommodation or the movements of the eyeball associated with accommodation, and it is those we will now consider.

For accurate observation of the pupils the patient should be placed in a good light, with the face opposite to a window admitting daylight. The observer, standing slightly to the side and before the patient, tells him to look into the far distance, and to avoid fixing a near object. Each pupil is now measured by the pupillometer. For example, we take each pupil as being 4 mm. The left eye is now covered, and the right pupil from a certain amount of light being cut off becomes 4.5 mm. On now uncovering the left eye suddenly the right pupil contracts with the left to under 4 mm., and then they both quickly become 4 mm. as before.

If we now shade both eyes the pupils become 5 mm., and on exposing both to the light they become 3.5 mm., and then regain the original size of 4 mm.

From these experiments you will gather that light affects both pupils, whether it is thrown into one eye or into both. We talk, therefore, of the effect of light when thrown directly into an eye as the direct pupillary reflex, and of it effect on the opposite eye as the consensual pupillary reflex.

The best manner of observing if a pupil acts to the direct light reflex is to cover the opposite eye with a card, and then to hold another card in front of the eye to be observed; on now removing this latter card the pupil ought to contract.

If there is any doubt about this action the patient should be examined in a dark room, and reflected light ought to be thrown into the eye from the ophthalmoscope mirror. In some cases the reflex is so difficult to make out that it is necessary to use a lens to magnify the pupil whilst the observation is being made.

The accommodation reflex or contraction of the pupil to accommodation is best seen on telling the patient to direct his eye downwards and inwards, and look at a near object. It is scarcely noticeable if the eye be turned outwards, and at the same time fixes a near object. The following measurements show these points. Patient looking into the far distance the pupils are 3.5 mm.; on accommodating for an object at 12 cm., and looking down and inwards, the pupils are 2.25 mm.; on relaxation of accommodation the pupils become 4.5 mm.

With the China Field Force.

By H. B. MEAKIN, I.M.S.

(Concluded from p. 118.)



FOR the advance to Pekin it was arranged that all heavy kit should be carried in junks on the river, while the Force marched by the road. We were only allowed a modified scale of field hospital, and all this was stowed in the junks, with the exception of what was carried by our three obligatory mules per section. One mule carried packhals, or large leather bags of water, the second carried a pair of field panniers containing equipment enough to give first aid, or do a small operation, and a store of drugs, and the third carried 80 lbs. of flour representing a day's emergency ration for the whole section.

Each officer was allowed 80 lbs. of kit, to include that of his syce and servant, and this was to be carried in the junks. Our tents were of course left in Tientsin. It was expected that the junks and the column would meet each evening at the camping grounds, but as a matter of fact the junks usually arrived the following morning, just as the march was resumed. The order published in Tientsin before we started, that "officers' messes will be on board the junks," proved to be a masterpiece in practical joking. Another order stating that tow ropes for the junks were to be procured by the officers in charge from sunken junks in the river, was an attempt to add the duties of "diver" to the already so highly varied occupations of the medical officer.

The advance guard—consisting of the 24th P.I.—left Tientsin on the evening of August 3rd, and my section accompanied them. We bivouacked about three miles north of Tientsin, and supplied a good meal to millions of ravenous mosquitos. No lights or fires were allowed,

as we were almost within range of the enemy. The following morning the Russians on our right shelled the Chinese position, but without any apparent effect. In the afternoon our main body arrived, and so did the rain in torrents. We bivouacked again on the Saturday night (August 4th), and started to advance soon after 2 a.m. on the Sunday morning, through dripping crops, in inky darkness, and soaking clothes, to the accompaniment of fine rain.

The discomfort of this must be imagined, it was indescribable.

Almost before dawn the action of Peitsang began, and by full daylight it was at its height. The Japanese, who passed through our camp during the night, and were to have gone further on and turned the enemy's right, changed their direction too soon and made a successful frontal attack, carrying each direction with an *élan* and dash that showed them to be full of pluck. Had they, however, advanced more cautiously they could have secured the same result, with probably less than half their heavy list of casualties. Though not in the attacking line, we came in for a fairly heavy fire, both of shell and rifle, and for some time were busy attending to our wounded. One of the earliest shells killed two Japs and two mules, only a few yards from where we stood, and at one time while crossing an open plain the Chinese gunners mapped the hospital out with shells that fortunately did not burst, or you, Mr. Editor, would have had to go without this copy. I was very glad to have an opportunity of watching the Japanese medical staff at work. Their dressing stations and equipment seemed much like our own, and were admirably managed. I think they have a greater proportion of medical officers to each hospital than we have.

As the Allies advanced the Chinese retired, and soon after midday we were occupying their position—the village of Pei Tsang. It was good to get into camp again and eat, but again the mosquitos and sandflies devoured us, and there was no peace. We treated some Boxer wounded who had suffered from some of our shells, but we had to leave them behind the next morning, and I expect they were “mercifully despatched” by some of our Allies before long. Dead Boxers were plentiful, but wounded Boxers were rarely seen.

The next day's advance commenced in the early morning, and after a very hot and dusty eleven miles along a sandy road our guns were hammering at Yang Tsun, a very strong position, which would have been almost unassailable if it had been properly held. The Chinese have no liking for a steady advance against them, and as the Welsh Fusiliers, 1st Sikhs, and 24th P.I. came steadily on in extended order through thick crops, in the face of a heavy fusillade of shell and bullet, the Chinese left their position and bolted. The hospitals followed behind, picking up the wounded, and carried them on to a position near the

river selected for our camp. The heat was scorching, and in addition to the casualties due to wounds there were several deaths from heat stroke. Considering the numbers who suffered from heat syncope it is surprising that there were not more deaths from this cause.

It was late in the afternoon when we got all our wounded into camp, and dark before we had got them all attended to. Among other operations an arm was amputated, pieces of shell were removed, a compound depressed fracture was raised, and food and nourishment were supplied as quickly as possible. The junks did not reach the camping ground until after midnight, and the want of our hospital baggage was badly felt. Never shall I forget the experience of that day and night. It was a trying time for all of us, but one especially realised that, do what you can, the lot of a man wounded in war is a very hard one. The patients slept in the doolies and morphia was freely given, but there was not much that we could do in that heat and dust to make them comfortable. The difficulty of getting decent water was very great. We took the water from the Pei Ho, which is like nothing so much as a river of pea soup, and precipitated the mud with alum. We then filtered and boiled it, but all this took a long time, and an adequate supply could not be obtained. Many drank the river water in its natural state undeterred by the passage down stream of an occasional corpse.

The next day, July 7th, the Force halted, and we spent the morning preparing junks for the reception of the wounded, and carrying them on board. The junks were then towed down to Tientsin by a stern-wheeler. The Americans had lost heavily the day before, advancing parallel to us and on our right, and it was an impressive sight to see the burial parties marching out. All day the sun roasted us, and the village close by, that might have given us shelter, was in flames. I was never more thankful to see the sun disappear below the horizon.

On the morning of August 8th we started again, and marched to Tsai Tsung, and from there the following day we reached Ho Shi Wu. Here our cavalry overtook some flying Chinese, and were fortunate enough to capture some standards. The Chinese had a magnificently entrenched position at Ho Shi Wu, and had all but completed a huge cutting in the river bank intended to flood the country so that our troops could not advance, and to lower the depth of the already shallow river to such an extent that our junks would have been unable to move. Had they been able to complete this plan they would have seriously delayed the advance of the Allies, but they seemed to desire no further intimacy with our fire, or else our hurried advance disconcerted them, for they fled hastily, leaving their entrenching tools in the trenches, and their food cooking on the fires in the houses. When we got into Ho Shi Wu tea was still hot in the teapots, and there were many evidences of hasty flight in the middle of a meal.

On the following day, August 9th, we did not march till 4.30 p.m., and the junks had time to catch us up. We reached Maton—fifteen miles—at about 1 a.m. The cavalry and guns started some hours before us. This was a most trying march. The heat was intense, the air was saturated with moisture, and the heavy dusty road lay between crops of maize and millet, from twelve to fourteen feet in height, on either side of the road, which effectively prevented any ventilation. Of the cavalry and artillery that started in the heat of the day eight horses died, and we had scarcely got beyond the limits of Ho Shi Wu before men began to fall unconscious on the ground, with purple faces and epileptiform convulsions. The native troops suffered apparently as much as the Europeans, and the work of attending to them kept our hands full. They were freely splashed with water from the chaguls or canvas bags, two of which hang from each dooley, and given a lift in doolies or upon riding mules until they again became able to march. Later in the night as the air became cooler there was less falling out, but it was a most wearisome march.

Shortly after leaving Ho Shi Wu a party of sappers blew up the large Chinese magazine we had left behind. Though we were more than five miles distant at the time the shock of the explosion was tremendous, and I heard men maintain that they had felt a rush of wind, though I did not notice it myself. A huge black column was thrown into the air to a tremendous height, and before long we were thickly powdered with fine particles of ash and dust. It was a wonderful sight.

On arrival at Maton there was some difficulty about the camping ground, and no water was obtainable. The troops were marched into the crops at the side of the road. These were quickly cut and trampled down, the mules were tethered, and the men threw themselves down on the ground and were asleep in a few minutes. Luckily we had provided ourselves with a cooked fowl and some bottles of filtered water at Ho Shi Wu. We needed no sleeping draught, though it began to rain soon after we halted, and continued to do so nearly all night. Early the next morning, August 11th, we moved our camp to the river side and enjoyed a few hours' peace to cook our food comfortably and rest. In the afternoon we recommenced another night march, and reached Chung Chia Wan an hour or so after midnight. It was cooler than the night before and we had fewer fallers out to attend to.

Our stay in Chung Chia Wan was a very short one, and at 9 a.m. the next morning we were on the road again. This time it was the turn of my section to march with the rear-guard and to pick up all who were too done up to be taken on by the hospitals, or for whom there was no means of transport. My doolies and riding mules were all needed almost from the start, and it was 3 p.m. before we reached Tung Chow, only seventeen miles from

Pekin! It was a scorching march and the troops did not stand it well. We passed many fields of luscious water melons and grapes, to which the men helped themselves freely.

In Tung Chow the hospitals were quartered in a Chinese Joss House, and we were given a full day's rest—Monday, August 13th—which was most enjoyable.

During the night of the 13th the rain poured down, but we could distinctly hear the sound of heavy guns in the distance. At the time we thought they indicated a last effort of the Chinese to take the Legations, but they were really the guns of the Russians who had come into action on the east face of Pekin.

We were roused at 2 a.m. and marched out soon after along the muddiest of roads. The gunners, especially those of the Naval Brigade, had hard work to get their guns along, but stuck to it manfully, as they always have done. Later in the day the sun came out, and we should have welcomed a little rain to slacken the bite of the heat. All the morning we were getting nearer and nearer to the sound of heavy guns on our right front, and at about 11.30 a.m. we saw the walls of Pekin. An intervening village was shelled to dislodge any enemy it might contain, but our entry was practically unopposed, as all the Chinese had been massed to defend the eastern wall against the Russians and Japanese, while we entered by the south-east gate. We were still, however, only inside the Chinese city, and as we neared the walls of the Tartar city there was a good deal of firing, but we got off with very few casualties.

General Gaselee, as everyone knows, entered that part of the Tartar city held by the Legations through a sluice gate, and there were ringing cheers when the safety of the Legations became known outside. Still even after the Legations had been relieved there were plenty of Chinese troops and Boxers on the walls of the city, especially on the high buildings erected over the huge gates, and our guns made excellent practice as they were turned upon them one after another, but the Chinese seldom stayed long enough for the gunners to do much execution. In one particular instance—that of the south gate of the Chinese city—our guns were brought within twelve hundred yards, and the enemy—two Manchu Regiments I am told—having apparently no idea that they were the objective, waited, suggesting rather the dress circle of a theatre than anything else, until the first shell whizzed into them and burst. There was no waiting after that!

This incident ended our day's work, for it was now after 7 p.m. We moved into the "Temple of Heaven" for the night, and having arranged our doolies and unloaded our mules, we fell to on bully beef and biscuits with appetites that couldn't be beaten. The "Temple of Heaven" is a huge high-walled park, of many acres, well wooded and grassed. In the centre is a large raised marble

altar at which the Emperor was in the habit of worshipping Heaven—as The “Son of Heaven”—once a year, on behalf of his people. Around the altar are several temples gaudily decorated inside, but with handsome exteriors. Some are roofed with pale green tiles, and others with tiles of a rich dark blue, that give a very imposing effect in the sunlight. In one of these temples—the one dedicated to Harmony—we located ourselves for the night. I may add that the “Temple of Heaven,” by far the best and most suitable camping ground for troops in Pekin, was, with admirable forethought, seized by General Gaselee for the British, as soon as Pekin was entered, and its possession has since proved of great convenience and use to us.

As a part of the British force was spending the night in the Legations, two miles away from the Temple of Heaven, and as no previous arrangements could of course be made, many found themselves separated from their messes. Servants were inquiring anxiously for their masters, masters for their servants, and correspondents were wandering about in the darkness wondering what had become of their carts. My servant turned up the following afternoon, and all I could ever get out of him was “Bohut ghole chelta huzzoor” (there were many bullets flying, your honour), by which I believe he hoped I should think he had been where strife was fiercest, whereas I knew him too well to believe that he ever came within miles of a bullet. However, we soon settled down. Everyone was fed, “and so to sleep,” with a last satisfactory reflection that we were *in Pekin*, our march was ended, and, above all, we were *not* too late.

Yet although we were so happily situated, the sound of heavy guns during the evening told us that fighting was still going on somewhere, and the next morning we learnt that the Japs and Russians had met with very obstinate resistance to their entry, and that at about midnight the Japs pluckily blew in the gate they were attacking and entered the city. It must be remembered that Pekin has twenty-five miles of wall, and that the gate blown in by the Japs was some miles away from the gate by which the British entered. The Americans came into Pekin immediately behind us, and joined in clearing the walls. As for the French, I don't know when they got in, but I fancy it was some time on the following morning. Personally, I certainly saw no French on the day of our entry, and I recall that the evening before we left Tung Chow—August 13th—a French artillery officer, whose battery was just arriving in Tung Chow, hurried up to me and, his face and hands expressing intense interrogation, said excitedly: “Pardon, monsieur, Pekin est pris? Pekin est pris?”

It was very delightful to wake on the 15th and know that there were no more forced marches in the immediate future, but I fancy that if we had known at the time for how many months we were to wait in Pekin the edge would have gone from our enjoyment. The 80 lbs. of baggage which we had left on the junks at Tung Chow reached Pekin a few

days after we did, and I need not speak of the delight with which one seized upon a change of clothing. It was a month or more before any of our heavy baggage followed us from Tientsin.

In the early days there was all the interest of seeing Pekin and studying the barricades so bravely and skilfully held by the besieged, whose pale faces and clean clothes contrasted so markedly with the sunburnt faces and dirty clothes of Relief column. The women and children showed particularly the effect of the long-continued horrible danger to which they had been exposed and the stinted diet, and it must not be forgotten that they had before them no hope of anything but the most brutal treatment had they fallen into the hands of the Chinese.

For the first fortnight my section was quartered in the Temple of Heaven, and from there several reconnaissances were made to the south-west across the Imperial Deer Park. On one occasion we cleared some Boxers out of a village, and then occurred an incident that seemed out of place except on the Drury Lane stage. A party of about twenty Boxers, decorated with Boxer-red and armed with long, two-handed swords and spears, rose suddenly from the long grass only a few hundred yards in front of us, and executing a sort of *ballet* to slow time and waving their weapons, advanced to attack a patrol of Bengal Lancers. The cavalry horses, terrified by the brandished and glittering spears, could not at first be made to approach the enemy, but curvetted and pranced in an extraordinary manner. It was a strange sight, but it did not last long. A few moments later a few little heaps of Boxer-red dotting the green grass, and some Boxer blood on the sowars' lances, was all that remained of the Boxer charge. One of our sowars got a spear wound in his hand, and an officer was slightly scratched on the chest. Among the Chinese dead I noticed the body of a small boy who I judged to have been about ten years old. He was wearing a particularly well-made Boxer coat, and, of course, had not been recognised as a child until killed. These men were the true Boxers who have no modern arms, but fight with bows and arrows, swords and spears. They are always decorated with red, either in the form of a red coat or a red cloth tied round the head or waist. They firmly believe themselves to be invulnerable. The Chinese Imperial troops, who make no such claim to invulnerability, were always anxious for the Boxers to go in front when a fight began, and when the Lee-Metford bullet flattened out the Boxers their priests explained to the survivors that they were not really dead, but would come to life again immediately in some other place.

At the end of August I was ordered out with a column that was sent to occupy the railway station at Feng Tai, the junction of the Tientsin and Paotingfu railways and about eight miles from Pekin. Our kit was sent after us. The railway had been destroyed piecemeal by the Chinese.

Rails and sleepers had been removed and buried. Engines had been taken to pieces and parts too large to carry away and hide were damaged to an extent that rendered them permanently useless. A party of sappers and miners was sent to Feng Tai and at once commenced the work of repair, but as no new material was available the early days were spent in searching villages for hidden material. This searching took the form of reconnaissances, as much of the material had been carried to a considerable distance from the line, and as the country was at that time by no means free from Boxers, it was unsafe for small parties to go out. Our fortune, however, only brought us in contact with them on a few occasions, when about a dozen of them were killed, with no casualties on our side, but the continuous riding was most enjoyable and healthy work.

The Russians were at work on the Pekin side of us and the Japs on the Tientsin side, while the French took charge of the Paotingfu line beyond Liukiachow. We did our best to preserve the peace of Europe and maintain the "Entente cordiale," as far as we were concerned, and saw a good deal of our neighbours.

Towards the end of September I had the good luck to accompany an allied force to Parh Tas Chu, the summer resort of Pekin,—a valley among the hills, in which were eight temples said to be occupied in force by Boxers. The rendezvous was at Liukiachow, three miles beyond Feng Tai. We marched from there at 2 a.m. in drizzling rain, and reached Parh Tas Chu at about 10 a.m. There was very little fighting, but about thirty Boxers were killed and a machine gun was captured. The temples were looted and blown up by the Allies, and we returned to Pekin the following day.

The newspapers have given long descriptions of the looting of Pekin, but none that I have read have given, to my mind, anything like an adequate picture of it, and where those whose work is description have fallen short, it would be useless for me to attempt. It was a wonderful and never-to-be-forgotten sight, though very discreditable to the so-called civilisation of the Allies. In fairness to ourselves I must, however, say that, as far as general opinion and personal observation in Pekin at the time went, the soldiers of no nation did so little looting, or were kept so well in hand, as those of the British force.

As to the purely medical aspects of the campaign there is little to say, for we were fortunately spared any great amount of sickness. The Germans lost a good many men from typhoid in Pekin, but we had few cases and very few deaths, but then we had few white troops, and natives of India rarely take typhoid. The Japs suffered badly from beri beri and dysentery.

Bart.'s have been well represented in the force. In addition to those whom I have named already, I met Baird with the 16th Bengal Lancers, who came up to Pekin soon after the Relief column, Foulkes is in Pekin, Douglas is at

Wei Hai Wei in charge of Röntgen rays in No. 1 Native General Hospital. Major Sykes and Evans are on the hospital ship "Carthage." Major Starr, R.A.M.C., is at Wei Hai Wei with the Chinese Regiment. Dredge came out with a field hospital, and Cruddas with some siege train bullocks, but they are both back in India now. W. G. Richards is in Pekin with No. 3 Native General Hospital. Of Bart.'s nurses Miss Waterhouse is in Tientsin and Miss Hislop in Wei Hai Wei. There are probably several other Bart.'s representatives, but I cannot remember them at the moment of writing.

HAROLD MEAKIN,
Indian Medical Service.

PEKIN,
November, 1900.

A Case of Complications.

By W. P. S. BRANSON, B.A., M.B., and C. A. S. RIDOUT,
M.R.C.S., L.R.C.P.



MARY P—, æt. 37, married, and a multipara, previously in good health, ceased to menstruate in August, 1900, and at the same time began to be subject to nausea and vomiting. In the light of previous experience she held herself to be pregnant, and the persistence of the amenorrhœa and sickness, with a perceptible increase in her girth during the succeeding eight months, satisfied her of the correctness of her hypothesis.

Therefore, when, on April 19th, 1901, she was seized with violent intermittent abdominal pains, and an increase in sickness, she considered her confinement imminent, and acted accordingly in summoning her doctor and midwife. Her doctor, after examination, pronounced her to be not pregnant, and advised her removal to the hospital.

On the following day, Saturday, April 20th, she was brought to the hospital and admitted.

The note taken on the evening of April 20th runs as follows:

Patient is a healthy-looking, well-nourished woman, not in distress, except when from time to time she is attacked by gripping abdominal pain, which she will compare to nothing but the pains of labour.

Pulse 96, regular and soft. Tongue clean. Temp. 99°. Bowels last open naturally on the morning of April 19th.

Chest.—Natural, except for some bulging of the præcordial region. Breasts inactive.

Heart.—Apex-beat ill-defined in the fifth space.

Cardiac dullness extends upwards to the second left rib and well beyond the right border of the sternum.

Sounds.—A to-and-fro rub, synchronous with the heart beats, heard over the lower end of the sternum. Heart sounds are themselves natural.

Lungs natural.

Abdomen distended and tympanitic. Slightly tender on the left side.

Per vaginam.—Uterus moveable, and apparently enlarged. Not tender.

Urine, greenish, acid, loaded with pus; no blood or bile.

In view of the tympanitic distension of the abdomen a soap enema was given, but was returned unaltered. During the night the patient vomited twice, and on inquiry the next day said she had passed flatus.

During the following day, the 21st, the symptoms abated; there was no vomiting, and the pains, though continuing, were less severe. On this day a second enema, and gr. v of calomel, were given without any relief to the bowels.

On April 22nd the distension of the abdomen was more pronounced, and distended coils of intestine could be made out through

the abdominal wall. Vomiting recurred, and was distinctly feculent. Urine, two thirds pus. Pulse 99-100. Cardiac signs unaltered.

Dr. Gee saw the patient; he considered her to be suffering from intestinal obstruction, and Mr. Langton was informed.

Here the medical career of the case ended, and a summary of the unusual series of coincidences that led to her admission to a medical ward, and her retention there for nearly forty-eight hours, with symptoms which seem (after the event) to point so clearly to intestinal obstruction, will not be out of place.

So far as her own mistakes are concerned it was natural enough that the synchronism of her amenorrhœa and sickness should induce her to believe herself pregnant, and that the coincidence of her abdominal pain with the expected, though rather premature, termination of the supposed pregnancy should confirm her in that belief.

From the House Physician's point of view the misleading features of the case were—

1. The previous history of sickness, which discounted the importance of its aggravation.
2. The existence of signs of an extensive pericardial effusion, which afforded a reasonable explanation of the vomiting.
3. The existence of an abundant acid pyuria, combined with tenderness of the left side of the abdomen, which threw suspicion upon the left kidney as the cause of the abdominal pain, and seemed to make a diagnosis of tuberculous nephritis and tuberculous pericarditis a legitimate explanation of the whole case.
4. The natural relief of the bowels on the day of the onset of the abdominal symptoms.

The moral of the case up to this point appears to be this:—That when in any case the signs and symptoms point to disease of various organs, correlation of these symptoms must be attempted with caution.

The case from its surgical aspect.—When seen on April 22nd patient's condition appeared serious; her face was drawn and anxious, and she suffered from severe paroxysms of pain in the abdomen; vomiting was frequent and of a feculent character. Pulse 92, volume and tension fair. Tongue not foul at all, and moist; temperature, 99°.

Local condition.—Abdomen distended and coils of intestine plainly visible; palpation revealed no tumour; percussion note was tympanitic; per vaginam—a tender induration is felt in the left anterior fornix, os uteri gives evidence of old laceration; per rectum—nil abnormal discovered. The urine is loaded with pus.

The diagnosis of intestinal obstruction was made and patient was advised to undergo operation immediately.

Operation.—April 22nd, 9 p.m. Anæsthetic chloroform. A five-inch incision was made in the middle line of the abdomen, just below the umbilicus; on opening the peritoneal cavity distended coils of intestine protruded into the wound; on manual exploration of the interior of the abdomen a constriction around the intestine was discovered, and this on being brought into view proved to be a fibrous band tightly constricting a coil of the small intestine in the lower part of the ileum. This was ligatured in two places with silk and divided. The underlying gut was congested but not ulcerated, and there were signs of old perimetritis around. There was also found a rounded elastic tumour arising from the pelvis and occupying a median situation—it seemed very similar to the urinary bladder, but neither its connections nor its size were explored, owing to the patient's condition. However, a catheter was passed, and after evacuation of a little urine several ounces of pure pus were drawn off.

The left kidney was also explored but was found to be normal.

The abdominal wound was then closed with silkworm gut.

Patient was sent back to the ward and her condition improved quickly; her bowels were opened with a loose motion within two hours of the operation, and she showed no serious symptom.

The abdominal wound united by the first intention, but on removing the stitches on May 1st considerable distension of the lower part of the abdomen was noticed and a rounded smooth, soft elastic swelling was felt rising from the pelvis and reaching almost to the umbilicus.

At this time it was noticed that there was a large quantity of pus in patient's urine, which was acid: there had been little or none for a few days following the operation; a catheter was passed and some pure pus drawn away after a preliminary flow of urine; there was considerable tenderness in the anterior fornix of the vagina and some induration. A soft rubber catheter was tied in for several hours and much pus-laden urine drawn off: patient's temperature rose to 100·6 on May 1st but slowly fell again. A catheter was

passed daily up to May 4th, when Mr. Langton considered it advisable to examine the patient under anæsthetic, as the abdominal swelling was not decreasing.

May 4th, second operation. Anæsthetic chloroform. Patient was placed in lithotomy position; the urethra was dilated and a finger passed into the cavity of the bladder, when a soft elastic swelling was found to be invaginating the latter; there seemed to be a small orifice connecting this swelling with the bladder, situated on a papilla-like eminence. This swelling was made out to be part of the abdominal swelling above described.

The abdominal wound was then opened at its lower angle and the swelling came into view; it was elastic, not very tense, covered with peritoneum. By a series of Lembert's sutures it was attached to the abdominal wall, and then aspirated, when 3xxx of yellow-brown pus were withdrawn; a drainage tube was inserted and dressings applied.

Diagnosis.—Probably a pyosalpinx.

Progress.—Satisfactory; drainage was continued for several weeks, and the cavity was irrigated with lotio bor-acis; it slowly closed and now (June 25th) there remains merely a fistulous track which admits a probe. The urine speedily became free from pus, and the pericardial trouble (*vide* 'Medical Notes') cleared up. Patient has been getting up daily for some time.

Remarks.—The case is interesting: (i) From the fact that an entirely new element was introduced into the case by the sudden strangulation of the gut, which at the time somewhat disguised the primary condition of things.

(ii) From the character of the tumour, assuming as it did the appearance of the urinary bladder with which it was undoubtedly in communication.

(iii) The ease with which the patient was relieved by operation with few or no bad symptoms, although her heart was labouring under the additional disadvantage of pericarditis.

(This case is reported by kind permission of Dr. Gee and Mr. Langton).

The Point of Rupture of a Gastric Ulcer.

By GEORGE F. ALDOUS, Assistant Surgeon to the South Devon and East Cornwall Hospital, Plymouth.



T rarely falls to the lot of the surgeon to witness the actual rupture of a gastric ulcer.

The following notes are of a case admitted into the South Devon and East Cornwall Hospital on April 23rd, under the care of my colleague, Mr. Walter Woollcombe.

E. M.—, æt. 21, was seized with violent pain in the epigastrium about two hours after her midday meal of beef. There was no sickness, and as the pain increased Dr. Ryan, of Devonport, was sent for during the evening; he diagnosed gastric ulcer, and at once sent her to the hospital.

Previously she had suffered from slight attacks of dyspepsia, but not severe enough to seek relief. On April 22nd she had epigastric pain after her beef dinner, but it passed off by tea-time. She had never vomited, had no nausea nor hæmatemesis.

No opiate had been given to her prior to her removal to hospital. I saw her shortly after 9 p.m. on April 23rd, and as the epigastric pain was increasing, and the pulse in frequency, I decided to operate at once. The liver dullness was slightly decreased. On bringing the stomach into view a small, punched-out ulcer, one third inch in diameter, was seen on the anterior surface covered by the filmiest transparent layer of visceral peritoneum; it looked like a small window in the stomach. At this point the patient strained under the anæsthetic and rupture resulted, but outside the abdomen. The wound was packed, and the stitching completed by two layers of Lembert's sutures, superimposed. Her recovery was uneventful.

The chief points of interest in this case are—

1. The absence of hæmatemesis which occurs in 80 per cent. of cases (Mayo-Robson).
2. The fortunate absence of vomiting.
3. The strength of the peritoneum to withstand the action of gastric juice.

The Old Order.

IN Saturday, June 29th, there was sound of revelry by day, originating from the Great Hall, where the League of St. Bartholomew's Nurses was holding a meeting for business, no doubt, but also for friendly conversation. The stringent rules of the League prevent a detailed account of the proceedings from being reported in the JOURNAL, but we gather that the business was satisfactorily transacted. Of the usefulness of this institution there can be no difference of opinion, and the number of old Bart.'s nurses who came back for the gathering only adds further proof, if it were needed, of its popularity.

But surely times have changed when we see an organisation such as this springing up in our midst, not only having the approval of the matron, but owing its existence and vitality in no small measure to her efforts. The thought of these things leads one to reflect on the old conditions of life and nursing in the Hospital, and the "Orders and Ordinances for the better government of the Hospitall of BARTHOLOMEW the lesse," first published in 1580, throw an interesting light on the subject.

The Matron's Charge (perhaps it has altered but little in these three and a quarter centuries) certainly did not contemplate any such relaxation for the nursing staff as the meeting of League provided. In this Charge, after recounting the duties of the matron herself, there are directions for the "governance and order of all the Sisters of this house," where the following paragraph occurs:

"Also at such times as the Sisters shall not be occupied about the poor, ye shall set them to spinning, or doing of some other manner of work that may avoid idleness and be profitable to the poor of this house. Also ye shall receive the flax provided by the Governours of this House, and the same being spun by the Sisters, ye shall commit to the said Governours that they may both put order for the weighing of the same to the Weaver, and for the measuring of it at the returning thereof."

That these directions were carried out is shown by an entry in the Hospital Journals at this date, "Paide and given to the sisters for their good spynning xijd." Seeing that there were twelve sisters at the time, the Governors of the Hospital appear to have believed in moderation in all things.

It is not easy to picture the surprise of the Sisters of 1580 coming back to Smithfield to take part in a League Entertainment, though it might fall in the category of "some other manner of work that may avoid idleness and be profitable to the poor of this house"; but there is sound counsel in another portion of the charge, where the holder of the office is enjoined to "exhort them (the patients) to vertue and temperance, declaring this house to be appointed

for the harbour and succour of the deer members of Christ's body, and not of drunkards, and unthankfull persons."

In those days evidently a house surgeon would have met with sympathy and support from the authorities if he had referred "police cases" elsewhere.

To the Sisters the Charge was even more explicit, for after ordering obedience to the Matron, "who is appointed to bee your chief Governeresse and Ruler," the charge goes on, "Ye shall also faithfully and charitably serve, and help the poor in all their griefes and diseases as well as by keeping them sweet and clean as in giving them their meate and drinks after the most honest and comfortable manner." Evidently in those merry times the sister was in the habit of appropriating the "extras" ordered for the patients. "Also ye shall use unto them good and honest talk such as may comfort and amend them And above all things see that ye avoyd, abhor and detest scoldings and drunkennesse, as most pestilent and filthy vices;" after all it was as well that there should have been no League where such injunctions were necessary.

But in 1580 the management of our hospital (efficient as it must have been, or those stormy days would have brought disaster to it) strikes the modern mind as strange, for after the Governors comes a list of the "Officers of the Hospitall."

The Hospiteler.

The Renter Clerk.

The Butler.

The Porter.

The Matron.

The Sisters (twelve).

The Byddles (eight).

The matron and twelve sisters seem to have carried out the whole of the nursing arrangements, which perhaps were not so heavy as now: since, before admitting a patient the surgeons had to satisfy the Hospitaller that he was likely to prove curable, incurable cases being ineligible for admission as in-patients. Moreover, the physicians do not seem to have been in the habit of visiting their patients in the wards, but sat in state in the hall and had the sick poor brought before them. The moral and religious welfare of the in-patients appears to have been the first care, and after that the relief, if possible, of their bodily ailments. The Hospitaller was the resident at that time who visited the patients, and in all the charges, including that to the surgeons, there is mention made of the duty of ministering to their spiritual needs, for although the relief of poverty and sickness were the objects of the Hospital, possibly more poverty than sickness found admission to the wards. Under such circumstances nursing may luckily not have been of such importance as it is to-day.


Whatever the conditions that obtained in those earlier

days, it is certain that, with the increase of skill in treatment, the need for careful nursing became gradually greater, though it was not until very recent years that there was any possibility of procuring the necessary attentions for the patients.

The institution of this Nurses' League marked a new era in the hospital—its continued prosperity provides a guarantee that there will be no return to the former conditions when "xij^d. were payde to the sisters for their good spyning."

In Memoriam.

ROBERT FORD.

 N May 26th, 1901, at his home in Stroud Green, Mr. Robert Ford, of the Royal General Dispensary, Bartholomew Close, died of Bright's disease at the age of fifty-three.

Born at Ivybridge, in Devon, Mr. Ford had been connected with the Dispensary for the last twenty-seven years. During this time about a thousand Bart.'s men had learnt from him the principles of *Materia Medica*.

In this subject—not one, perhaps, which is apt to command the interest of the average student—he excelled as a teacher, and his *Memoria technica* imbued the dry details of the work with a lasting spirit.

His personality and unflinching kindness won for him many friends among those who were fortunate enough to pass through his hands while preparing for their examinations.

By his death a well-known figure in the Hospital world will be missed. In his life he won the respect of all who knew him. To say that we regret his early decease is but an inadequate expression of our feelings.

Notes.

DR. F. J. WALDO has been appointed Coroner for the City of London. He was formerly House Physician to Dr. Southey, and Tutor in Public Health at Bart.'s. Dr. Waldo is, perhaps, best known in connection with public health work. For eight and a half years he has been Medical Officer of Health to the Parish of St. George-the-Martyr, Southwark—a post that has lately been abolished under Mr. Balfour's Metropolitan Boroughs Act. In 1899 he was chosen Milroy Lecturer to the Royal College of Physicians, London. Since the year 1892 Dr. Waldo has held the position of Medical Officer of Health to the Inner and Middle Temples, and in addition to his medical

qualifications he is a barrister-at-law of the Middle Temple.

* * *

DR. HERBERT WILLIAMS has been appointed Medical Officer of Health for the Port of London.

* * *

DR. NORMAN MOORE has accepted the office of Treasurer to the Abernethian Society.

* * *

THE Lawrence Gold Medal and Scholarship has been awarded to C. E. West.

* * *

THE Brackenbury Surgical Scholarship has been awarded to A. E. Lister.

* * *

THE Matthews Duncan Medal and Prize resulted in R. C. Elmslie and H. Love being adjudged equal. A Medal has been awarded to each.

* * *

THE Burrows Prize has been awarded to R. C. Elmslie. The Skynner Prize has been awarded to A. E. Thomas.

* * *

THE Junior Scholarships in Anatomy and Biology have been awarded as follows:

i. E. H. Shaw.

ii. J. C. Mead.

* * *

To see the names of five Bart.'s men in the First Division of the Finals for the London M.B. is a most gratifying spectacle; but this performance was rendered the more creditable by the fact that only twelve candidates in all were placed in the First Division.

* * *

UNLUCKILY the weather was not propitious on the afternoon of the Past v. Present match, and the number of spectators who found their way to Winchmore Hill was very small; it is not easy to quell a suspicion that Sports are not so enthusiastically supported here as they might be. Our teams are keen, and have been of late very successful in many directions, but the number of Bart.'s men who go to see them perform and cheer them on to victory is reprehensibly small.

* * *

If Bart.'s men will read their Journals they cannot plead ignorance of the fixtures as an excuse for non-attendance; which reminds us that the Athletic Sports are to be held on July 12th, at the L.A.C. Ground, Stamford Bridge. A Fulham bus passes the gates, and there is no charge for admission. These attractions are, however, not intended to disguise the fact that, as a rule, a good afternoon's sport is provided, which visitors can watch in great comfort from the Pavilion. There is fresh air and green grass moreover in the neighbourhood.

* * *

THE Final Match of the Inter-Hospital Cricket Cup Ties—Bart's v. Guy's—will be played on the Guy's Ground at Honor Oak, on Thursday and Friday, July 11th and 12th. Trains from London Bridge or Victoria to Honor Oak Park (L.B. & S.C.R.).

* * *

OUR ancient institution is being well represented at Henley this year. Etherington-Smith, Payne, and Phillips are in the Leander boat. Graham and Gould are rowing for Kingston R.C.; also Conolly for Twickenham. Doubtless there are others whose names have not reached us.

* * *

MRS. WARING has kindly presented a Cup to the Hospital Rifle Club, which will be shot for at the Prize Meeting at Runnymede on July 3rd.

* * *

OWING to the munificence of an anonymous donor, the Library is enriched by the addition of a Recording Barometer to its other treasures. It is to be hoped that the weather will in future be regulated to suit the tastes of all.

* * *

It is rumoured that conditions of life at Mackenzie's may shortly undergo a startling change, and that Sanitary Science may be called upon to alleviate the sufferings of the Extern and Midwifery Clerks.

* * *

CAN it be true that our present system of illumination—that magnificent *lucus a lucendo*—is to give place to some recently invented new-fangled method? It is hardly a matter for congratulation that we should be only now installing electric light into one of the Blocks, but rather we should strive to hide the painful fact that, hitherto, the fitful glow of the gas lamp has made the darkness visible in our midst.

* * *

WE were recently favoured with a letter asking for our experience of the use of the Tallerman Hot-Air Bath. The letter came under rather suspicious circumstances, and it was housed in the W.P.B. Since then an article in a daily paper has appeared complaining of a boycott of the system by the Medical Profession.

Whatever may be the experience of the treatment in this Hospital, we have only one opinion—and that better left unexpressed—of the strange methods of those interested in puffing the furniture in question.

* * *

WE have received from the publishers 'A Civilian War Hospital,' being an account of the Portland Hospital in South Africa, written by the various members of its staff. A review will appear shortly in our columns, but in the meantime we would recommend our readers to borrow or buy it, and form their own conclusions. Its interest does not end with the account of the cases treated.

* * *

ARRANGEMENT of beds during closing of South Wing :

	Male.	Female.	
Sir W. Church	Faith, 22	Mary, 11	
Dr. Gee	Hope, 22	Mary, 11	
Sir D. Duckworth	John, 21	Coborn, 10	
Dr. Hensley	Colston, 22	Coborn, 10	
Sir L. Brunton	Rahere, 22	Charity, 11	
Dr. Champneys	—	Charity, 11	

	Male.	Female.	
Mr. Willett	Pitcairn, 26	Harley, 13	
	Paget, 2	Paget, 3	
Mr. Langton	Henry, 26	Lucas, 13	
	Paget, 2	Paget, 2	
Mr. Marsh	Darker, 25	Abernethy, 18	
Mr. Butlin	Sitwell, 25	Lucas, 13	
	Paget, 3	Paget, 3	
Mr. Walsham	Kenton, 26	Harley, 13	
	Paget, 2	Paget, 2	
Mr. Cumberbatch	Paget, 2	Abernethy, 2	

Amalgamated Clubs.

CRICKET CLUB.

ST. BART'S v. ADDLESTONE.

Played at Addlestone on Saturday, June 15th, resulted in a win for the Hospital by 178 runs on the first innings; for the Hospital C. A. Anderson played a good innings of 79.

SCORES:—1st Innings.

ADDLESTONE.	ST. BART'S.
W. Montgomery, c Nealor, b Adam	C. F. Nicholas, b Adam
4	10
A. H. Bell, c Adam, b Stanger-Leathes	W. S. Nealor, c and b Montgomery
0	43
A. E. Darling, b Adam	C. H. Anderson, b Montgomery
35	79
H. Wetton, c Thurston, b Adam	L. V. Thurston, c Cobbe, b Henwood
4	47
J. C. Adam, c Nealor, b Adam	H. E. G. Boyle, b Montgomery
0	14
Rev. W. Williams, b Stanger-Leathes	T. M. Body, b Montgomery
16	11
H. Henwood, b Stanger-Leathes	G. H. Adam, not out
0	17
G. Kilner, b Stanger-Leathes	H. E. Stanger-Leathes, b Montgomery
0	4
J. Cobbett, c and b Adam	H. T. Wilson, b Montgomery
5	5
J. Tulk, b Stanger-Leathes	L. L. Phillips, c Darling, b Montgomery
0	0
Dr. Hope, not out	G. F. Page, b Adam
7	4
Extras	Extras
4	19
Total	Total
75	253

BOWLING ANALYSIS.

Overs.	Maidens.	Runs.	Wickets.
Stanger-Leathes	64	2	23
Adams	6	0	46

SCORES:—2nd Innings.

ADDLESTONE.	
Dr. Hope, b Nicholas	1
W. Montgomery, b Nicholas	6
H. Wetton, b Adam	87
A. E. Darling, c Nicholas, b Stanger-Leathes	56
A. H. Bell, c Nealor, b Adam	24
J. C. Adam, c and b Stanger-Leathes	12
G. Kilner, c and b Adam	19
F. Cobbett, c Wilson, b Stanger-Leathes	5
H. Henwood, b Adams	25
J. Tulk, not out	3
Rev. W. Williams, not out	1
Extras	14
Total	253

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Boyle	8	1	39	0
Nicholas	6	2	37	2
Nealor	1	0	14	0
Page	1	0	13	0
Adam	12	0	76	4
Stanger-Leathes	10	0	56	3

ST. BART.'S v. RICHMOND.

Played at Richmond on May 25th.

SCORES.

RICHMOND.					ST. BART.'S.				
A. S. Bull, b Stanger-Leathes	14				H. T. Wilson, c Higson, b Williams	7			
F. W. James, c Adam, b Anderson	146				C. A. Anderson, b William	19			
D. N. McAnley, b Adam	2				H. N. Burroughes, c and b Greenfold	21			
H. B. Denham, b Stanger-Leathes	4				C. F. Nicholas, b Greenfold	9			
W. Williams, c and b Page	18				C. M. H. Howell, c Higson, b Greenfold	0			
H. W. Lester, c Orton, b Adam	17				L. Orton, b Greenfold	8			
W. R. Higson, c. Anderson, b Adam	10				H. E. Stanger-Leathes, c M'cAnley, b Greenfold	16			
W. Furze, b Stanger-Leathes	3				G. H. Adam, c M'cAnley, b Williams	3			
H. A. Dixon, b Stanger-Leathes	6				L. L. Phillips, b Williams	29			
Greenfold, not out	6				C. Elliott, b Greenfold	9			
E. H. C. Henderson, b Anderson	0				G. F. Page, not out	12			
Extras	1				Extras	12			
Total	226				Total	143			

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Stanger-Leathes.....	19	2	80	4
Adam	15	2	68	3
Howell	6	0	38	0
Page	5	1	31	1
Anderson	3	0	9	2

ST. BART.'S v. ST. THOMAS'S HOSPITAL.

The first round of the Cup ties was played at Honor Oak on Thursday, May 29th, and resulted in a win for Bart.'s by 170 runs. Bart.'s batted first on a good wicket, and totalled 406 for the loss of 6 wickets. W. S. Nealor played an admirable innings of 174. C. M. H. Howell was unlucky in being run out after making 84 in excellent style. W. E. Honiball also played a good innings of 67, which included thirteen 4's.

SCORES.

ST. BART.'S.					ST. THOMAS'S.				
H. C. M. H. Howell, run out	84				T. B. Henderson, c Nicholas, b Anderson	73			
H. N. Burroughes, b Cheate	1				C. J. Fielding, c Anderson, b Stanger-Leathes	3			
W. S. Nealor, b Henderson	174				B. A. Cheate, c Nealor, b Adam	56			
W. E. Honiball, c Paterson, b Cheate	67				C. M. Berneys, c Wilson, b Honiball	48			
C. A. Anderson, c Langley, b Henderson	43				H. C. Devas, c and b Anderson	6			
L. Orton, c Fielding, b Henderson	0				G. F. Langley, b Stanger-Leathes	8			
C. F. Nicholas, not out	7				G. R. Gibbs, b Honiball	5			
H. T. Wilson, not out	5				J. Walker, c and b Honiball	22			
G. H. Adam					H. C. Wilkins, c Anderson, b Honiball	0			
H. E. Stanger-Leathes					T. H. Paterson, not out	7			
G. F. Page					N. C. Carver, b Honiball	2			
Extras	25				Extras	6			
Total	406				Total	236			

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Stanger-Leathes.....	28	9	60	2
Adam	15	3	39	1
Honiball	17	4	55	5
Howell	3	0	17	0
Nealor.....	3	0	20	0
Page	3	0	15	0
Anderson	7	1	17	2

ST. BART.'S v. ST. MARY'S HOSPITAL.

The second round of the Cup competition was played at Chiswick Park on Friday, and resulted in a win for Bart.'s by 4 wickets and 51 runs. St. Mary's batted first on a somewhat bumpy wicket, and were dismissed for 174. Bart.'s then made 225 for the loss of 6 wickets, of which H. N. Burroughes scored 101 (not out) in excellent style.

SCORES.

ST. MARY'S.					ST. BART.'S.				
G. C. Hobbs, b Adam	19				C. F. Nicholas, b Mitchell	14			
E. P. G. Causton, c Howell, b Honiball	5				C. M. H. Howell, c Sedgwick, b Causton	7			
W. G. Cheate, b Honiball	11				W. S. Nealor, b Worthington	26			
G. B. Norman, c Howell, b Adam	30				H. N. Burroughes, not out	101			
C. R. Worthington, c and b Honiball	0				W. E. Honiball, b Mitchell	10			
A. V. Sedgwick, b Adam	10				G. G. Ellett, b Allerhead	31			
H. S. Allerhead, b Anderson	14				C. H. Anderson, c Causton, b Norman	3			
C. D. Carey, not out	41				G. H. Adam, not out	9			
F. H. Allerhead, c Ellett, b Adam	32				L. Orton				did
W. S. Mitchell, b Adam	5				H. E. Stanger-Leathes				not
S. Nix, c Stanger-Leathes, b Adam	4				G. F. Page				bat.
Extras	3				Extras	24			
Total	174				Total	225			

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Stanger-Leathes.....	22	4	47	0
Honiball	15	4	43	3
Adam	14	4	43	6
Howell	4	1	17	0
Anderson	3	0	8	1
Page	2	0	6	0

PAST v. PRESENT.

Played at Winchmore Hill on Wednesday, June 12th, and resulted in a win for the Present by 79 runs. For the Past W. G. Heasman played a good innings of 65; while for the Present H. N. Burroughes, 51, W. E. Honiball, 44, C. A. Anderson, 48, batted best.

SCORES.

PAST.					PRESENT.				
W. G. Heasman, c Orton, b Howell	65				C. F. Nicholas, b Boyle	23			
H. E. Scoones, b Stanger-Leathes	9				C. M. H. Howell, c Scoones, b Pank	0			
W. S. Randolph, c Orton, b Stanger-Leathes	1				W. S. Nealor, c and b Pank	15			
H. S. Greaves, run out	1				H. N. Burroughes, c Rawling, b Greaves	51			
J. W. Nunn, c Orton, b Howell	45				G. G. Ellett, c Malden, b Greaves	15			
F. H. E. G. Boyle, b Howell	11				W. Honiball, c Malden, b Pank	44			
H. W. Pank, b Howell	0				L. Orton, b Pank	4			
L. B. Rawling, not out	12				C. H. Anderson, not out	48			
T. Body, b Adam	10				H. E. Stanger-Leathes, c Malden, b Randolph	12			
H. T. Wilson, c Honiball, b Stanger-Leathes	0				G. F. Page, c Malden, b Randolph	4			
W. Malden, b Stanger-Leathes	5				G. H. Adam, not out	3			
Extras	0				Extras	19			
Total	159				Total	238			

For 9 wickets. Total ... 238

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Stanger-Leathes.....	13	...	1	33 ... 4
Adam	15	...	3 ... 47	...
Honiball	5	...	1 ... 24	...
Page	4	...	1 ... 17	...
Howell	5	...	0 ... 34	...
Anderson	1	...	0 ... 4	...

ST. BART.'S. v. WALDEGRAVE PARK.

ST. BART.'S.					WALDEGRAVE PARK.				
C. F. Nicholas, c H. E. Stanger-Leathes, b L. G. Stanger-Leathes	20				H. C. Tucker, c Burroughes, b Adam	28			
W. S. Nealor, b H. E. Stanger-Leathes	2				Dr. Hamilton, c Nicholas, b Adam	9			
H. N. Burroughes, c Causton, b H. E. Stanger-Leathes ...	14				S. Croke-Robinson, c Adams, b Page	7			
G. G. Ellett, c Causton, b H. E. Stanger-Leathes ...	0				H. E. Stanger-Leathes, c Page, b Adam	1			
G. H. Adam, b H. E. Stanger-Leathes	0				L. Phillips, b Adam	2			
C. A. Anderson, b H. E. Stanger-Leathes	31				E. C. Drabble, c Burroughes, b Nealor	24			
A. H. Bostock, b L. G. Stanger-Leathes	1				A. Liddbetter, c Anderson, b Adam	3			
L. V. Thurston, b Drabble ...	6				L. G. Stanger-Leathes, not out	70			
F. Lloyd, c Drabble, b H. E. Stanger-Leathes	15				S. W. Causton, c Orton, b Adam	1			
G. F. Page, not out	2				C. H. Drabble, c Bostock, b Nealor	22			
Extras	7				J. Portsmouth, b Nicholas ...	8			
Total	97				Extras	11			
					Total	186			

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Page	15	...	4 ... 35	...
Adam	22	...	5 ... 73	...
Nicholas	6	...	3 ... 8	...
Nealor	9	...	1 ... 35	...
Anderson	5	...	0 ... 17	...
Burroughes	1	...	1 ... 0	...

ST. BART.'S. v. M.C.C.

Played at Winchmore Hill, resulted in an easy win for M.C.C. Scores:—

M.C.C.					ST. BART.'S.				
L. A. Druce, b Adam	13				C. M. H. Howell, c Bevington, b Hearn	36			
T. O. Bevington, c Orton, b Page	118				H. E. Scoones, c Druce, b Hearn	3			
E. C. Lee, run out	2				W. S. Nealor, b Druce	0			
R. H. Malten, b Page	12				H. N. Burroughes, c Hearn, b Druce	2			
A. Watson, b Page	15				C. Nicholas, st Oates, b Hearn	2			
G. G. Hearn, b Stanger-Leathes	0				L. Orton, b Hearn	37			
Oates, l-b-w, b Scoones	18				G. H. Adam, c Watson, b Druce	0			
B. O. Bircham, b Phillips ...	60				H. T. Wilson, c Hulton, b Hearn	7			
C. B. Hulton, c Page, b Stanger-Leathes	19				H. E. Stanger-Leathes, b Druce	1			
G. Denison, run out	13				L. L. Phillips, c Lee, b Druce	18			
C. G. Hulton, not out	5				G. F. Page, not out	12			
Extras	7				Extras	11			
Total	282				Total	124			

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Stanger-Leathes	22	...	2 ... 78	...
Adam	10	...	1 ... 34	...
Howell	12	...	1 ... 37	...
Page	14	...	2 ... 60	...
Burroughes	6	22 ... 3
Scoones	4	...	1 ... 13	...
Nicholas	1	...	1 ... 0	...
Phillips	1	4 ... 1

SWIMMING CLUB.

St. Bartholomew's Hospital v. Oxford University.—This match was played at Oxford on Saturday, June 8th, and resulted in a win for Oxford University by seven goals to *nil*. In the first half Bart.'s defended the deep end. Stone was first on the ball and after some good play between the hospital forwards and the Oxford backs Dean obtained possession and started to swim up the bath, but being closely followed he did not attempt to score but passed to Lindsay who scored the first goal with a good shot, Dix just failing to save it. Soon after restarting Dean tried a shot, but the ball fell short, and a few minutes later Lindsay scored again with a hard back-handed shot. Bart.'s then pressed Stone, trying a shot at goal from a good pass by Bloxsome, which Eberle saved nicely. Shortly afterwards Lindsay added another goal for Oxford, as also did Lloyd, and half-time arrived, with Oxford leading by four goals to *nil*. During the second half the hospital goal was frequently attacked, but Dix, ably assisted by the backs, prevented Oxford from scoring (for some time). However, Lindsay added one more goal after some fine play, and from a corner throw Lloyd was enabled to score again. Even play resulted till near the end, when, just on the call of time Lloyd scored the last goal. Teams:

St. Bart.'s.—C. Dix (goal); V. C. Upton, H. M. Hanschell (backs); A. H. Bloxsome (capt.) (half back); R. C. McDonagh, D. M. Stone and J. G. Watkins (forwards).

Oxford University.—H. Eberle (goal); H. R. Dean and C. Hill (backs); H. C. Verney (half back); C. M. Lindsay, C. M. Lloyd (capt.), and H. D. Turnbull (forwards).

United Hospitals v. Cambridge University.—This match was played at St. George's Baths, Buckingham Palace Road, on Monday afternoon, June 10th, and resulted in a win for the Hospitals by two goals to *nil*. The game was very fast throughout and was marked by some good play on both sides. Amongst the Hospital forwards there was some lack of combination which accounted for the small score. In the first half nothing was scored, as the Cambridge defence was very good, despite the fact that Wallace tried repeatedly to score. During the second half the game was almost entirely confined to an attack on the Cambridge goal. From a good pass by Newby-Smith, Wallace was enabled to score the first goal after a few minutes' play. Shortly afterwards Wallace again obtained possession, and swimming right up to the Cambridge goal, tried a backhanded shot, which hit the goal-keeper on the head and bounced out; however, Wallace immediately got hold of the ball, and being close to the goal had no difficulty in scoring the second goal. Time was called soon afterwards, with no further addition to the score. Team:

United Hospitals.—C. Dix, St. Bart.'s, (goal); R. Newby-Smith, London, and V. B. Nesfield, St. Mary's (capt.) (backs); A. H. Bloxsome, St. Bart.'s, (half back); O. Jevers, St. Mary's; C. M. Hughes, Westminster, and J. Wallace, St. Thomas's (forwards).

Prior to the match there was a sixty yards team race of four a side, which was won by the United Hospitals by four yards. The following represented the United Hospitals:—V. B. Nesfield, St. Mary's; D. M. Stone, St. Bart.'s; C. M. Hughes, Westminster, and J. Wallace, St. Thomas.

St. Bart.'s v. Richmond S.C.—This match was played at Richmond on Monday evening, June 10th, and ended in a win for Richmond by seven goals to *nil*. The Hospital was unfortunately without the services of A. H. Bloxsome, who was unavoidably absent, and his absence made a good deal of difference to the combination of the team. Richmond were by far the faster lot, Saunders repeatedly getting away and scoring several times. St. Bart.'s defended the deep end first and soon after the start Saunders scored a goal which he repeated a few minutes later. Stone then tried a shot at our opponents' goal, but the ball fell short, and half-time arrived after Richmond had scored another goal. During the second half four more goals were added to the Richmond score through the medium of Grenville and Saunders, and time was called, leaving Richmond easy winners. Team:

St. Bart.'s.—C. Dix (goal); H. M. Hanschell and G. T. Verrey (backs); V. C. Upton (half back); J. G. Watkins, D. M. Stone, and R. C. McDonagh (forwards).

TOUR OF THE UNITED HOSPITALS TO DUBLIN.

Last year the United Hospitals had the pleasure of making the acquaintance of Dublin University, when a match was played between these teams at St. George's Baths in London, and this year it was arranged, chiefly owing to the interest of the President of the United Hospitals, Dr. Morgan Dockrell, that the United Hospitals should play a return match against Dublin University in Dublin.

Thanks to the energy of the United Hospitals' hon. secretary, O. Jevors, of St. Mary's Hospital, the arrangements were well carried out, and another match was arranged against Sandycove S.C., Dublin (the Leinster League champions). The Hospitals crossed over to Dublin on Thursday, June 13th, and on the next day, the 14th, played against Sandycove S.C., and on Saturday, the 15th, played against Dublin University.

United Hospitals v. Sandycove.—This was a well-contested game. In the first half neither side could claim much advantage; the hospital forwards were superior in combination, but the Sandycove team made up for what they lacked in combination by closely marking their opponents. After some fine play, in which Nesfield, Bloxsome, and Wallace were conspicuous, the latter player, with a hard shot, scored the first goal. Even play resulted till half-time, and the teams crossed over with the Hospitals leading by one goal to nil. On re-starting Sandycove obtained possession, and Conway tried to score, but Dix cleared well. From a good pass by Nesfield Stone obtained possession, and quickly transferring the ball to Wallace, the latter endeavoured to score, but being too closely marked he passed to Jevors, who, with a good shot, scored the second goal. Nothing further occurred and time was called, leaving the Hospitals winners, as stated above.

United Hospitals.—C. Dix, St. Bart.'s (goal); R. Newby-Smith, London, and V. B. Nesfield, St. Mary's (capt.) (backs); A. H. Bloxsome, St. Bart.'s (half-back); O. Jevors, St. Mary's, D. M. Stone, St. Bart.'s, and J. Wallace, St. Thomas's (forwards).

Before the match a team race for 60 yards of four a side was decided, and resulted, after a good race, in a win for the United Hospitals by 3 yards. The Hospitals were represented by Nesfield, Stone, Jevors, and Wallace.

St. Bart.'s v. Dublin University.—Played before a large number of people, numbering about 150. This was also a very good game, both teams playing up well. The University were first on the ball, and after a good deal of give-and-take play MacCabe obtained possession, and swimming well towards the Hospital's goal he tried a shot, but the ball went wide. The Hospitals then played up, and as the result of some good passing Wallace at last managed to score with a hot shot, after having had two or three shots, which Knapp cleared well. The visitors' goal was several times threatened, but owing to the good defensive play of the Hospital backs the University were prevented from scoring, and half-time arrived with the score of 1 goal in favour of the Hospitals. Soon after the restart MacCabe tried a long shot at goal, but the ball went over the top of the net. For some time nothing was scored, but at last, after a hard struggle, Nesfield passed to Stone, and the latter quickly transferred to Wallace, who added the second goal, Knapp just failing to clear. Time was called soon afterwards, and a very interesting game ended in a win for the United Hospitals, as stated above.

For the visitors Wallace, Nesfield, Stone, and Bloxsome played well; while M. Dockrell, jun., H. M. Dockrell, Knapp, and MacCabe were the pick of the University team. Teams:

Dublin University.—A. E. Knapp (goal); H. M. Dockrell, J. B. Stewart (backs); R. W. MacCabe (capt.) (half back); A. A. Gröne, M. Dockrell, jun., and G. B. Spencer (forwards).

United Hospitals.—C. Dix, St. Bart.'s (goal); V. B. Nesfield, St. Mary's (capt.) and R. Newby-Smith, London (backs); A. H. Bloxsome, St. Bart.'s (half back); J. Wallace, St. Thomas's, D. M. Stone, St. Bart.'s, and O. Jevors, St. Mary's (forwards).

Prior to the match a sixty yards team race was decided, which, after a very good race, especially between Wallace and MacCabe, resulted in a win for Dublin University by one and a half yards, the Hospitals being represented by Nesfield, Jevors, Stone, and Wallace; H. Dockrell, Spencer, M. Dockrell, jun., and MacCabe doing duty for the University.

In the evening the United Hospitals were the guests of the Dublin University, at a dinner held in the Grosvenor Hotel, Dublin, and afterwards adjourned to the Palace Theatre. On June 17th the Hospital men returned to London, after having spent a most enjoyable tour, thanks to the hospitality of the Dublin University.

LAWN TENNIS CLUB.

ST. BART.'S v. HORNSEY.

Played at Winchmore Hill on Saturday, June 8th, when a weak Hospital team were beaten by 8-0.

PAST v. PRESENT.

Played at Winchmore Hill on Wednesday, June 12th. Rain unfortunately interfered, and prevented a definite conclusion being arrived at. The score at the end was 3-2 in favour of the Present.

- A. O'Neill and J. Stirling Hamilton—
lost to C. H. Barnes and F. H. Wood, 2-1.
- H. L. Whale and W. H. Lamplough—
lost to L. E. Hughes and C. M. Pennefather, 2-1.
beat L. R. Tosswill and Paterson, 2-0
- F. E. Wood and L. A. W. Pope—
beat L. R. Tosswill and Paterson, 2-0.
beat C. H. Barnes and F. H. Wood, 2-1.

ST. BART.'S v. R.I.E.C.

Played at Cooper's Hill on Saturday, June 15th, and resulted in a win for the Hospital by 5-4 after a most enjoyable game.

- J. Stirling Hamilton and L. E. Hughes—
beat M. Pringle and B. McCraith, 6-3, 6-3.
beat A. Murphy and A. Hicks, 6-4, 7-5.
beat P. Fair and H. Oliphant, 6-4, 8-6.
- F. E. Wood and C. A. W. Pope—
lost to M. Pringle and B. McCraith, 6-8, 9-7, 3-6.
lost to A. Murphy and A. Hicks, 4-6, 1-6.
beat P. Fair and H. Oliphant, 6-1, 8-6.
- F. H. Wood and A. Hamilton—
lost to M. Pringle and B. McCraith, 6-3, 4-6, 5-7.
lost to A. Murphy and A. Hicks, 2-6, 6-3, 5-7.
beat P. Fair and H. Oliphant, 6-4, 5-7, 9-7.

CUP TIES.

Played at Chiswick Park on Wednesday and Thursday, June 19th and 20th. The Hospital team was weakened by the absence of A. O'Neill, who was unable to play. Although we beat Middlesex rather easily on Wednesday the London Hospital defeated us on Thursday, and so we lose possession of the cup which we have held for the past three years.

ST. BART.'S v. MIDDLESEX.

This match resulted in a win for St. Bart.'s by 12-2.

- Singles.*—C. L. Nedwill beat H. C. Askham, 6-3, 6-3.
H. L. Whale beat R. E. Pitts, 6-1, 6-1.
L. Orton beat E. T. Harris, 6-0, 6-0.
J. Stirling Hamilton lost to L. H. Boys, 5-7, 1-6.
C. A. W. Pope lost to Stephens, 6-4, 5-7, 2-6.
F. E. Wood beat C. McNeil, 6-1, 6-2.
- Doubles.*—Nedwill and Whale beat Askham and Pitts, 6-0, 7-5.
beat Stephens and McNeil, 6-2, 6-3.
Hamilton and Orton beat Askham and Pitts, 6-3, 6-4.
beat Harris and Boys, 6-2, 7-5.
beat Stephens and McNeil, 6-1, 6-0.
Wood and Pope beat Askham and Pitts, 6-1, 6-2.
beat Harris and Boys, 6-8, 6-4, 6-2.
beat Stephens and McNeil, 6-0, 6-2.

ST. BART.'S v. LONDON.

The Hospital team started very badly by losing all the "Singles," and eventually lost by 10-2.

- Singles.*—C. L. Nedwill lost to J. H. Philbrick, 0-6, 1-6.
H. L. Whale lost to R. C. Mott, 5-7, 0-6.
L. Orton lost to L. Bousfield, 4-6, 1-6.
J. Stirling Hamilton, lost to H. R. Fisher, 3-6, 1-6.
C. A. W. Pope lost to J. E. Frere, 2-6, 2-6.
F. E. Wood lost to C. R. F. Hall, 0-6, 2-6.
- Doubles.*—Nedwill and Whale—
beat Bousfield and Frere, 6-2, 4-6, 6-3.
lost to Philbrick and Fisher, 4-6, 1-6.
- Hamilton and Orton—
beat Philbrick and Fisher, 6-2, 6-3.
lost to Mott and Hall, 5-7, 4-6.
- Wood and Pope—
lost to Bousfield and Frere, 7-9, 4-6.
lost to Mott and Hall, 3-6, 2-6.

The Summer Concert.

THE Annual Summer Concert given by the members of the Junior Staff and Musical Society was held in the Great Hall on Monday evening, June 24th, where a large number of guests were assembled by invitation. The earlier date of the concert this year resulted in a larger audience than usual, and a very full attendance of the members of the Senior Staff.

Refreshments were served, in the interval between the first and second parts of the concert, in the Square, which was brilliantly illuminated by many coloured Chinese lanterns and fairy lamps, the fountain in the centre being a particularly effective *mise en scène*. The weather, which had been threatening during the day, cleared up in the afternoon, and the night turned out an ideal one, thus enabling the guests to enjoy to the utmost the many delicacies provided for them.

The musical part of the entertainment proved an equally great success.

The Conductor had gathered round him a most efficient orchestra (comprising twenty-six instruments, well balanced), composed chiefly of past and present members of the hospital and their friends, to whom no small thanks are due for their kind assistance.

The precision with which the opening chord of Mozart's overture to "La Clemenza di Tito" was struck must have prepared the audience for a treat—an impression only confirmed by the masterly performance of the old overture, which went without a hitch from beginning to end. The blending of the various instruments was all that could be desired, the wood wind being particularly noticeable for its sweetness of tone; but the intonation of all—strings and brass—was distinctly good. Time, expression, light and shade were carefully attended to, and the overture was brought to a close by a final grand crash on the chord of C major, all the instruments stopping in strict accord with the conductor's beat.

Then followed a song, "The Lass with the delicate air," by Dr. Arne, most delicately sung by Sister Luke, who is possessed of a sweet, bell-like soprano voice of excellent tone. Her enunciation and expression were particularly good, and had it not been that the audience were not yet warmed up to the pitch of enthusiasm, which was subsequently reached, a well-deserved encore would undoubtedly have been insisted upon.

No. 3 on the programme was a violin solo by Mr. Prentice, who evidently has a good instrument and knows how to play it. His rendering of the "Largo," "Aria," and "Giga," by Leclair, who writes in the Handel style, was admirable in every respect. He brought out the tone of the instrument, and the way in which the runs and shakes were performed showed a complete knowledge of technique.

Mr. Bell, who is gifted with a good bass voice, gave an excellent rendering of "Ailsa mine," by Ernest Newton, and as an encore, which was eagerly demanded, sang Maybrick's "Vanity."

The quartette from the "Yeoman of the Guard," "Strange Adventure," which followed, was most effectively rendered by Sisters Luke and Rahere and Messrs. Smith and Nixon, their voices blending well together.

Dr. Samuel West, who is always deservedly popular at these musical entertainments, sang two little gems of Schumann's—"Dichterliebe" and "Wanderlied"—in his sweet tenor voice, with all the delicacy of expression and clear enunciation which usually mark his singing, and as an encore, which there was no resisting, gave the audience an old favourite, "Mary," which was also warmly applauded.

The first part wound up with two part-songs by a chorus of twenty-six voices, who rendered them with every attention to light and shade, and also to time! The result was highly satisfactory.

Part II opened with selections from "Patience" by the orchestra, who played quite as well as in the first piece. Unfortunately, by this time the heat of the hall had affected the pitch of some of the instruments, notably the brass, which somewhat marred what would undoubtedly have otherwise been an excellent performance.

The part songs in Part II were as carefully rendered as in Part I, with the same marked commendable attention to the Conductor's beat which is such a *sine qua non* of good choral singing. The attack in "Since first I saw your face" might with advantage have been a little more precise; but where all was so good it is perhaps a little unkind to be hypercritical.

The other items were three songs; one of which, "Beloved, it is morn," by Florence Aylward, was sung by Nurse March, with such

success that an encore was inevitable, in which she delighted the audience with a very graceful rendering of "Comin' thro' the rye." Mr. J. A. Nixon sang the late Sir Arthur Sullivan's "I would I were a king, fair maid," in good style throughout, and on an encore being loudly demanded responded with "The Border ballad." Mr. Percival Wood, who was warmly welcomed on his reappearance after an absence in South Africa, also contributed to the pleasure of his hearers by a careful rendering of a ballad by Limpus "To Inez," which received well-merited applause.

The last item on the programme was a chorus by the Junior Staff, "The Lincolnshire Poacher," which the singers apparently enjoyed as much as did the audience, and that is saying much.

"God save the King," by performers and guests, wound up an excellently arranged and well-carried-out Concert; and the thanks of all are due to the energetic Junior Staff Secretaries, Mr. Gillespie and Mr. Gibbins, whose labours were crowned by the weather they procured. The Conductor, Mr. J. A. Nixon, however, deserves rather more than a passing word of thanks, for to those who have had the organising of musical entertainments, more especially where orchestra and chorus are concerned, it is well known that a Conductor must work indefatigably to attain such a degree of excellence as the present concert may fairly claim to have achieved.

Such was evidently the opinion of at least one member of the Junior Staff who, at the close of the performance, presented Mr. Nixon with a bouquet, which a lady, on passing out of the hall declared, *sotto voce*, to be "probably a cabbage," but ocular demonstration proved it to be a veritable bouquet of flowers.

PROGRAMME.

PART I.

1. Overture . "La Clemenza di Tito" . . . Mozart
The Orchestra.
2. Song . "The Lass with the delicate air" . . . Arne
Sister Luke.
3. Violin Solo { (a) Largo : : : : } . . . Leclair
(b) Aria : : : : }
(c) Giga : : : : }
Mr. Prentice.
4. Song . . . "Ailsa mine" . . . Newton
Mr. Bell.
5. Quartette . "Strange Adventure" . . . Sullivan
(Yeoman of the Guard.)
Sister Luke, Sister Rahere, Mr. Smith,
Mr. Nixon.
6. Songs . { (a) "Dichterliebe" : : : } Schumann
(b) "Wanderlied" : : : }
Dr. Samuel West.
7. Part Songs { (a) "Orpheus with his lute" : : : } Macfarren
(b) "Blow, blow, thou winter wind" : : : }

PART II.

8. Selection . . . "Patience" . . . Sullivan
The Orchestra.
9. Song . . . "Beloved, it is morn" . . . Florence Aylward
Nurse March.
10. Song . . . "I would I were a king" . . . Sullivan
Mr. Nixon.
11. Part Songs { (a) "Since first I saw your face" : : : Thomas Ford
(b) "The chase" : : : : Edward German
12. Song . . . "To Inez" : : : : Limpus
Mr. P. Wood.
13. Chorus . . . "The Lincolnshire Poacher" . . .
The Junior Staff.

"GOD SAVE THE KING."

Review.

CATECHISM SERIES:—Part I, BOTANY. Part II, ZOOLOGY. (VERTEBRATA.) E. and S. LIVINGSTONE. Price 1s. each.

We have received the first two parts of this series; it seems there are others to follow. While acknowledging that the information has been collated from the best authorities, it is not easy to refrain from expressing the opinion that books compiled on this plan of "question and answer" represent the very lowest grade of intellectual pabulum. The mind fed on such fare is likely to be stunted in its growth, though its owner may prove successful in examinations.

The Bahere Lodge, No. 2546.

INSTALLATION MEETING.

THE Installation Meeting of the Bahere Lodge, No. 2546, took place in the Great Hall of St. Bartholomew's Hospital (kindly lent for the occasion by the Treasurer and Almoners) on Tuesday, June 11th, 1901. Mr. Sydney R. Scott, M.B.Lond., was initiated into Freemasonry, and Bros. Waring, Cross, and Robinson were elected members of the Standing Committee.

W. Bro. Gripper, M.B., the outgoing W.M., installed his successor W. Bro. Phineas S. Abraham, M.D., as W.M. for the ensuing year. W. Bro. Abraham then invested as his officers Bros. W. Gripper, G. H. R. Holden, E. Clarke, Rev. Sir Borradaile Savory, Bart., Clement Godson, D'Arcy Power, C. B. Lockwood, Haig Brodie, G. H. Gilbertson, Howard Marsh, A. G. R. Foulerton, G. H. Robinson, Mus. Bac., H. D. Lauchlan, M. J. Anderson, J. Valérie, J. Herbert Menzies, and P. F. Madden.

A past master's jewel was unanimously awarded to Bro. Gripper for his services to the Lodge during his year of office, and presented by Bro. Clement Godson. Bro. Gripper, in reply, expressed his sincere thanks.

The report of the Audit Committee was received and adopted. It showed that the amount given in charity during the past year amounted to £69 6s.

A grant of Twenty Guineas was made to the British Medical Benevolent Fund.

At the request of Bro. Chisholm Williams the petition for the formation of the Chiselden (St. Thomas's Hospital) Lodge was signed by the W.M. and Wardens.

The banquet was held at Frascati's Restaurant, and attended by eighty-six Brethren. A most enjoyable evening was spent, an excellent musical entertainment being provided by Bros. Courtice Pounds, Franklin Clive, W. L. Barrett, and others.

Calendar.

July, 1901.

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| Tues., July | 2.— | Sir Dyce Duckworth and Mr. Marsh's duty. Conjoint Board Final Examinations begin. |
| Wed., " | 3.— | Mr. Walsham's Clinical Lecture at 2.45 p.m. Cricket v. East Molesey, at East Molesey. Swimming v. London Scottish R.V., at St. George's Baths. |
| Thurs., " | 4.— | Examination for Shuter Scholarship. |
| Fri., " | 5.— | Dr. Hensley and Mr. Butlin's duty. Dr. Hensley's Clinical Lecture at 1 p.m. |
| Sat., " | 6.— | Cricket v. Hampstead, at Hampstead. |
| Tues., " | 9.— | Sir Lauder Brunton and Mr. Walsham's duty. |
| Wed., " | 10.— | Mr. Walsham's Clinical Lecture at 2.45 p.m. |
| Fri., " | 12.— | Sir William Church and Mr. Willett's duty. Sir Lauder Brunton's Clinical Lecture at 1 p.m. Athletic Sports at Stamford Bridge. |
| Sat., " | 13.— | Cricket v. R.I.E.C., at Cooper's Hill. |
| Tues., " | 16.— | Dr. Gee and Mr. Langton's duty. |
| Wed., " | 17.— | Mr. Walsham's Clinical Lecture at 2.45 p.m. |
| Fri., " | 19.— | Sir Dyce Duckworth and Mr. Marsh's duty. |
| Sat., " | 20.— | Cricket v. Surbiton, at Surbiton. |
| Tues., " | 23.— | Dr. Hensley and Mr. Butlin's duty. |
| Thurs., " | 25.— | Junior Scholarship Examination. |
| Fri., " | 26.— | Summer Session ends. Sir Lauder Brunton and Mr. Walsham's duty. |
| Tues., " | 30.— | Sir William Church and Mr. Willett's duty. |

Examinations.

UNIVERSITY OF CAMBRIDGE.

Second Examination.—Anatomy and Physiology.

C. E. A. Armitage, H. Beckton, H. J. D. Birkett, A. W. D. Coventon, W. C. Cripps, F. M. Gardner-Medwin, M. F. Grant, E. Harrison, N. C. Patrick, G. L. Ranking, A. C. Warren.

Pharmaceutical Chemistry.—H. Beckton, T. J. Faulder, H. Gauvain, H. N. Gould.

Third Examination.—Surgery and Midwifery.

F. H. M. A. Beckett, G. V. Bull, F. N. Carroll, H. L. P. Hulbert, W. W. Jendwine, G. E. Loveday, J. McBryde, A. E. Naish, C. de C. Pellier, G. H. L. Whale, F. E. Wood.

Medicine.—H. Gordon-Smith, A. S. Mellor, F. E. Murray, G. H. Orton, F. K. Weaver.

UNIVERSITY OF LONDON.

M.B. Examination.—First Division.

A. Eastwood, T. Hampton, J. F. Jennings, W. T. Rowe, H. S. Ward.

Second Division.—J. C. M. Bailey, F. C. Borrow, F. A. Field, J. A. Lloyd, L. F. Marks, J. C. Marshall, C. H. D. Robbs, F. N. White.

Appointments.

BURD, C. P., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Children's Hospital, Newcastle-on-Tyne.

ELWORTHY, H. S., appointed Casualty Officer to the Great Northern Central Hospital.

MALIM, J. W., M.B., B.C.(Cantab.), appointed Casualty House Surgeon at the Bristol General Hospital.

New Addresses.

CALVERLEY, J. E. G., Claremont House, Cheriton Road, Folkestone.

COVENTON, C. A., 111, Woodstock Road, Oxford.

JAMES, ARTHUR, 69, Gloucester Terrace, Hyde Park, W.

MYERS, BERNARD, Haydon House, Goldhurst Terrace, West Hampstead.

SPICER, W. HOLMES, 5, Wimpole Street, W.

WILKINSON, E. S., London County Asylum, Colney Hatch, N.

Marriages.

ANSTEE-CHAVE—MAIRIS.—On Monday, June 17th, at St. Mary's Church, Queenstown, by the Rev. Canon Daunt, T. Anstee-Chave, M.B.Lond., F.R.C.S.E., of 19, Windsor Esplanade, Cardiff, elder son of W. F. Chave, J.P., the Moor House, Hereford, to Florence Kathleen Victoria, third daughter of V. Mairis, Belvelly, Queens-town, and grand-daughter of the late General Mairis, R.E.

KNIGHT—DYSON.—On June 18th, at Rotherham Parish Church, Henry Ernest Knight, M.D.Lond., of Rotherham, to Florence Mary, second daughter of Robert Dyson, J.P., also of Rotherham.

PRATT—EVANS.—On June 5th, at All Saints' Church, Oystermouth, by the Rev. Harold Williams, Eldon Pratt, M.D., of Cardiff, son of the late George Pratt, of Northendene, Streatham Common, to Florence, daughter of the late John Ivor Evans, of Swansea and Westcross.